MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE FEE CALCULATION SHEET 10,567347 (FOR USE WITH FORM PTO-875) APPLICANT(S) **CLAIMS** AFTER AFTER **AS FILED** AFTER AFTER AS FILED 2 MAMENDMENT 1"AMENDMENT I"AMENDMENT 2 MAMENDMENT IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. TOTAL IND. TOTAL IND. TOTAL DEP TOTAL DEP.

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